



U.S. Department of Justice
Drug Enforcement Administration



National Drug Threat Assessment Summary 2013

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Drug Enforcement Administration

2013 National Drug Threat Assessment Summary



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This product was prepared by the DEA's Office of Intelligence Warning, Plans and Programs. Comments and questions may be addressed to the Chief, Analysis and Production Section at DEAIntelPublications@usdoj.gov.

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From the Administrator



In June 2012, the Drug Enforcement Administration (DEA) assumed responsibility for producing the National Drug Threat Assessment (NDTA) and other high-priority strategic drug intelligence reports as a result of the closure of the National Drug Intelligence Center. DEA is pleased to present the 2013 National Drug Threat Assessment Summary, which provides an assessment of the threat posed to the United States by the trafficking and abuse of illicit drugs and attendant issues that confront our communities. The Summary further provides a strategic analysis of the domestic drug situation during 2012, based on the most recent law enforcement, intelligence, and public health data available for the period. It also considers data and information beyond 2012, when appropriate, to provide the most accurate assessment possible to policymakers, law enforcement authorities, and intelligence officials.

My thanks to all participating agencies and organizations, especially our local, state, and tribal partners, for their contributions to the 2013 National Drug Threat Assessment Summary. Your views and opinions are vital and help us to best meet the needs of the law enforcement, interdiction, and drug policy communities. Your continued assistance will be instrumental in producing future assessments and I look forward to working with you on high-priority counterdrug initiatives that impact our communities and our national security interests.

Respectfully,



Michele M. Leonhart
Administrator
Drug Enforcement Administration

Scope and Methodology

The 2013 National Drug Threat Assessment (NTA) Summary addresses emerging developments related to the trafficking and use of primary illicit substances of abuse and the nonmedical use of controlled prescription drugs (CPDs). In the preparation of this report, DEA intelligence analysts considered quantitative data from various sources (seizures, investigations, arrests, drug purity or potency, and drug prices; law enforcement surveys; laboratory analyses; and interagency production and cultivation estimates) and qualitative information (subjective views of individual agencies on drug availability, information on smuggling and transportation trends, and indicators of changes in smuggling and transportation methods).

The 2013 NDTA factors in information provided by 1,307 state and local law enforcement agencies through the 2013 National Drug Threat Survey (NDTS). NDTS data used in this report do not imply that there is only one drug threat per state or region or that only one drug is available per state or region. A percentage given for a state or region represents the proportion of state and local law enforcement agencies in that state or region that identified a particular drug as their greatest threat or as available at low, moderate, or high levels.

Overview

The trafficking and abuse of illicit drugs continue to constitute a dynamic and challenging threat to the United States. CPD abuse continues to be the nation's fastest growing drug problem. Rates of CPD abuse remain high, with individuals abusing CPDs at a higher prevalence rate than any illicit drug except marijuana. Pain relievers are the most common type of CPDs taken illicitly and are the CPDs most commonly involved in overdose incidents.

The availability of heroin continued to increase in 2012, likely due to high levels of heroin production in Mexico and Mexican traffickers expanding into white powder heroin markets in the eastern and midwest United States. Further, some metropolitan areas saw a recent increase in heroin overdose deaths. Law enforcement and treatment officials throughout the country are also reporting that many prescription opioid users have turned to heroin as a cheaper and/or more easily obtained alternative to prescription drugs.

The trend of lower cocaine availability in the United States that began in 2007 continued in 2012. Moreover, reporting from several metropolitan areas including Chicago, Houston, St. Louis, Phoenix, and Baltimore indicated sporadic interruptions in cocaine availability in the spring of 2012. The decline in cocaine availability occurring in various areas throughout some domestic drug markets may be the aggregate result of various factors including counterdrug efforts, conflict between and within Transnational Criminal Organizations (TCOs) in Mexico, and continued reductions in cocaine production rates in Colombia.

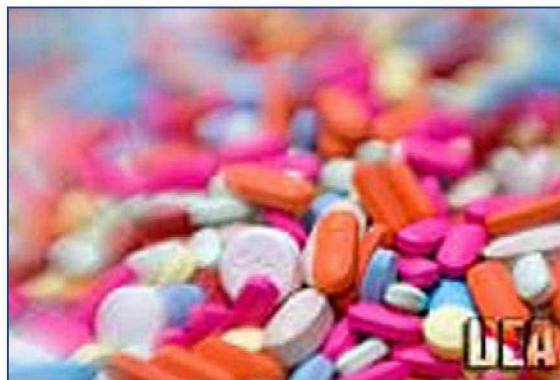
Methamphetamine availability is likely increasing because of sustained production in Mexico—the primary foreign source for the US market—and ongoing small-scale domestic production.

Marijuana availability appears to be increasing because of sustained high levels of production in Mexico—the primary foreign source of the US marijuana supply—and increased domestic cannabis cultivation.

The abuse of synthetic designer drugs has emerged as a serious problem in the United States. The abuse of synthetic cannabinoids, such as "K2" and "Spice," and synthetic cathinones, such as "bath salts," rapidly increased over the past few years, causing severe consequences to abusers. State legislation and national scheduling of these drugs have helped to mitigate the threat.

Controlled Prescription Drugs (CPDs)

Prescription drug abuse continues to be the nation's fastest growing drug problem. The abuse of controlled prescription drugs (CPDs) poses a significant drug threat to the United States and places a considerable burden on law enforcement and public health resources. Nationally, 28.1 percent of law enforcement agencies responding to the 2013 National Drug Threat Survey (NDTS)¹ reported CPDs as the greatest drug threat, up from 9.8 percent in 2009. Law enforcement agencies in the Florida/Caribbean, New England, New York/New Jersey, and Southeast Organized Crime Drug Enforcement Task Force (OCDETF) regions all report that CPDs posed the greatest drug threat at a higher percentage than the national rate.

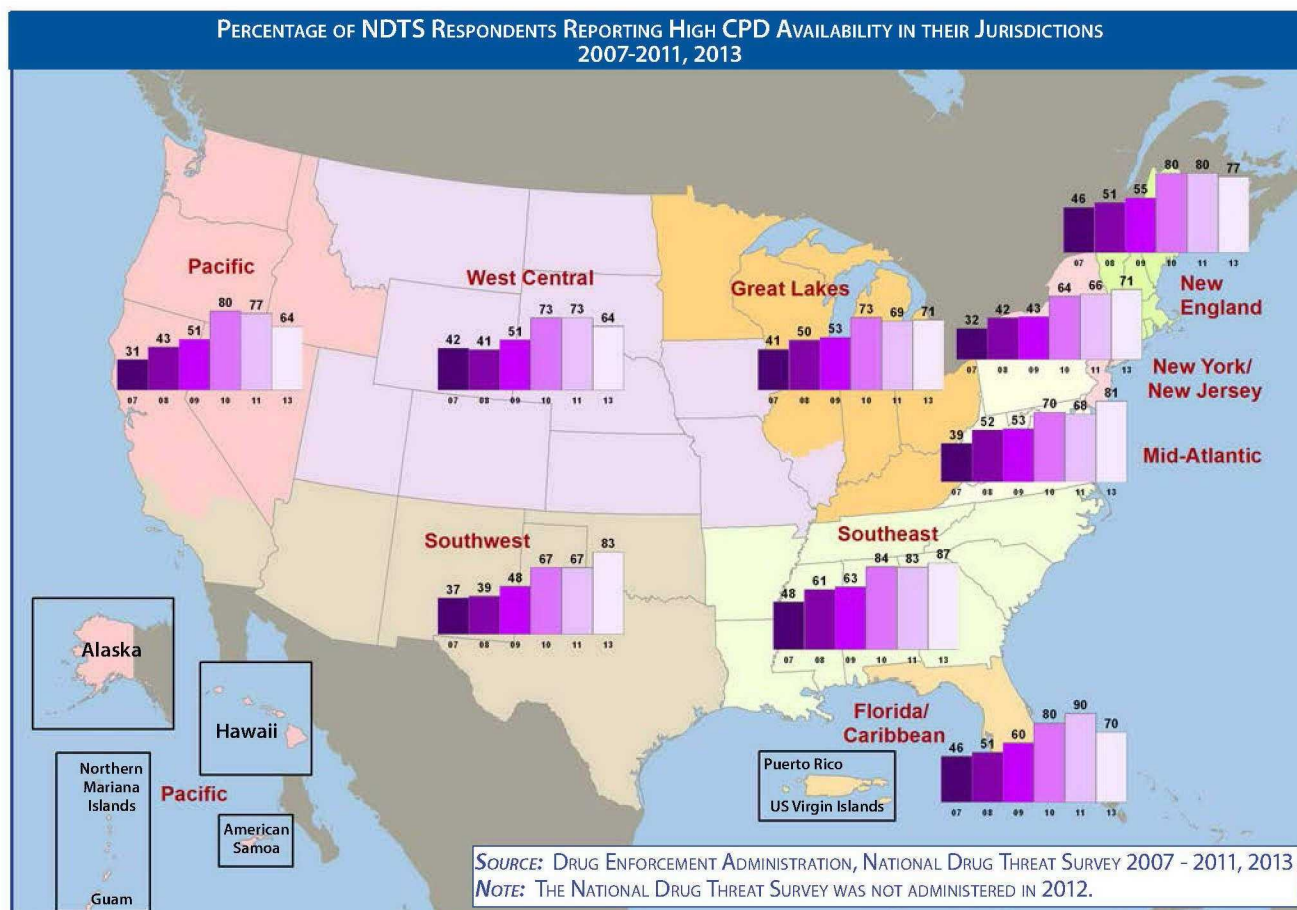


Demand and treatment data indicate that abuse of CPDs, particularly painkillers, is a rapidly growing threat. According to the National Survey on Drug Use and Health (NSDUH), pain relievers are the most common type of CPD taken illicitly and are the CPDs most commonly involved in overdose incidents. Further, CPD-related treatment admissions rose 68 percent between 2007 and 2010 and prescription opiate/opioid-related emergency department visits rose 91.4 percent between 2006 and 2010.

- NSDUH 2011 data indicate that 6.1 million people (2.7 percent of the US population) aged 12 or older are current nonmedical users of psychotherapeutic drugs. Of these 6.1 million people, 4.5 million were users of pain relievers, 1.8 million were users of tranquilizers, 970,000 were users of stimulants, and 231,000 were users of sedatives.
- NSDUH data also indicate that in 2011, the rate of current illicit drug use among persons aged 12 or older in 2011 (8.7 percent) was similar to the rates in 2010 (8.9 percent) 2009 (8.7 percent), and 2002 (8.3 percent), but was higher than the rates in most years from 2003 through 2008. Among persons aged 12 or older, the rates for past month nonmedical use of psychotherapeutic drugs (2.4 percent) were second only to marijuana (7.0 percent), and significantly higher than the rates for hallucinogens (0.4 percent) and cocaine (0.5 percent).

| NATIONAL DRUG THREAT SURVEY 2013 PERCENT REPORTING CONTROLLED PRESCRIPTION DRUGS AS GREATEST DRUG THREAT BY REGION | |
|--|-------------|
| Region | Percentage |
| Florida/ Caribbean | 60.4 |
| Great Lakes | 20.5 |
| Mid-Atlantic | 25.0 |
| New England | 41.1 |
| New York/ New Jersey | 47.1 |
| Pacific | 10.6 |
| Southeast | 38.0 |
| Southwest | 22.0 |
| West Central | 18.1 |
| United States | 28.1 |

¹ Until 2011, the NDTS was conducted annually by the National Drug Intelligence Center (NDIC). Since absorbing NDIC's functions in 2012, DEA now annually conducts the NDTS in order to solicit information from a representative sample of state and local law enforcement agencies. DEA uses this information to produce national-, regional-, and state-level estimates of various aspects of drug trafficking activities. NDTS data reflect agencies' perceptions based on their analysis of criminal activities that occurred within their jurisdictions during the past year. Based on responses from law enforcement agencies in the NDTS sample, weighted estimates for the population of all law enforcement agencies (as defined in the sampling frame, which is stratified based on the number of full-time equivalent sworn officers) are derived for each survey question at the national, regional, and state levels. Although stratified to include large-scale law enforcement agencies (based on the number of full-time equivalent sworn officers), the NDTS sample is not weighted directly to the population in the sample agencies' jurisdictions. The error of estimation for NDTS percentages as reported in graphs and data tables is close to 5 percent. This level of error should be taken into consideration when percentages or differences between percentages of reported NDTS estimates are interpreted.



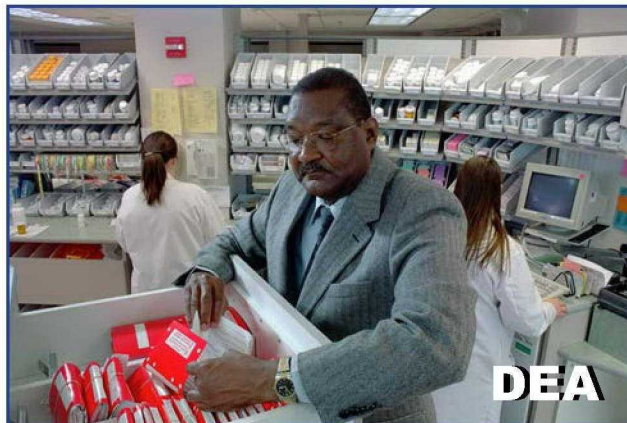
- Opioid pain relievers are the most widely misused or abused CPDs and are involved in most CPD-related overdose incidents. According to the Drug Abuse Warning Network (DAWN), the estimated number of emergency department visits involving nonmedical use of prescription opiates/opioids increased 112 percent—84,671 to 179,787—between 2006 and 2010.
- Treatment data further reflect the magnitude of the opioid abuse problem in the United States. Treatment Episode Data Set (TEDS) reporting indicates that the number of other opiate-related treatment admissions (not including heroin) to publicly funded facilities increased 97 percent from 2006 (84,196) to 2010 (166,233). Further, the number of treatment admissions for other opiates in 2010 was greater than the number of admissions for cocaine (155,290) and for amphetamines (115,360).



Data indicate availability of CPDs is increasing. There are no conclusive estimates as to the total amount of illegally diverted prescription narcotics, depressants, and stimulants available in domestic drug markets. However, data regarding legitimate commercial disbursement of prescription pharmaceuticals indicates the amount of prescription drugs disbursed to pharmacies, hospitals, practitioners, and teaching institutions has increased steadily over the past five years, thereby rendering more of the drug available for illegal diversion.

- According to the DEA, pharmaceutical drug disbursements continually increased from 2007 to 2011.
- There was also an increase in the number of prescriptions written for hydrocodone (14.1 percent) and oxycodone (26.6 percent) during the same time period.
- 2013 NDTs data reveal that the percentage of state and local law enforcement agencies reporting high availability of CPDs increased from 40.7 percent in 2007, to 75.4 percent in 2013.

CPD distributors and abusers acquire prescription drugs with relative ease through numerous rogue pain management clinics (commonly referred to as pill mills). This contributes to widespread availability of these drugs throughout the United States.



- Pill mill operations exhibit several unique characteristics, such as nearly exclusive associations with specific pharmacies and physicians, cash-based payment methods, and rapid, casual examinations. Owners of pill mills have established many cash-only operations in various areas of the country but most prevalently in California, Florida, Louisiana, and Texas from which distributors and abusers within those states and from other areas of the eastern United States frequently obtain CPDs.
- Pill mill operators continually devise methods to subvert regulations and investigations while attracting patients. For example, some pill mills have begun to establish onsite or nearby pharmacies in an attempt to allow patients to circumvent prescription quantity restrictions. Some pill mill operators also attempt to counter law enforcement surveillance of repeat patients. For example, some clinics offer free shuttle service and advise patients to meet at pick-up locations, such as local hotels, for further transportation to the clinic. At the pick-up locations, the patients are met by individuals driving large passenger vehicles or even rental cargo trucks and are subsequently driven to the clinic. Additionally, some pill mills in the Tampa, FL area offer patients free visits for referring new patients to the clinic.
- Several states, including Florida, Kentucky, Ohio, and Texas, have recently enacted legislation to combat the proliferation of pill mills.

A number of recently implemented initiatives have been designed to reduce CPD diversion and abuse. At the national level, steps have been taken to increase public awareness about the dangers of non-medical prescription drug use.

- In September 2010, DEA created the National Prescription Drug Take-Back Day initiative to encourage people nationwide to turn in unused or unwanted prescription medications. The program prevented medications from being diverted for illicit use or disposed of improperly. During the first national Take-Back Day, individuals across the country turned in collectively over 121 tons of medications to 4,086 Take-Back locations. Since that first



national Take-Back Day, DEA has sponsored five more of these events and has collected more than 1,400 tons of unused prescription medications.²

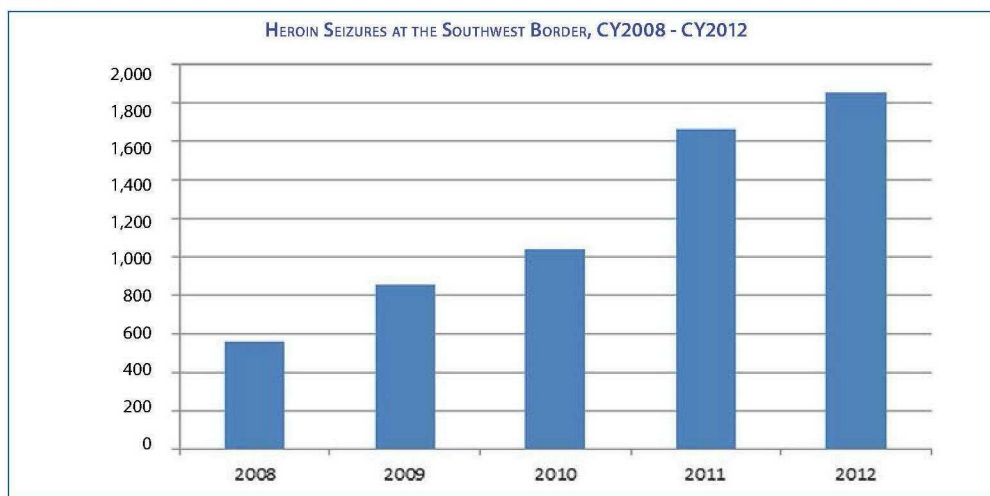
- In 2010, the three most-used Internet search engines in the United States adopted policies prohibiting Internet pharmacies³ from advertising on the sidebars of search results pages unless they are Verified Internet Pharmacy Practice Sites (VIPPS)⁴ certified by the National Association of Boards of Pharmacy (NABP) and operate in compliance with US pharmacy laws and practice standards. The policies are aimed at reducing the number of rogue pharmacies operating on the Internet, particularly unlicensed web-based pharmacies and pharmacies operating from foreign countries that do not require valid prescriptions to dispense drugs. Nevertheless, availability of CPDs without prescriptions over the Internet, whether the actual source of the drugs is domestic or foreign, remains a problem.

Heroin

Heroin availability continued to increase in 2012, most likely due to an increase in Mexican heroin production and Mexican traffickers expanding into the eastern and midwest US markets traditionally supplied with white heroin. The amount of heroin seized at the Southwest Border increased significantly between 2008 and 2012 and this, along with other indicators, points to increased smuggling of both Mexican-produced heroin and South American-produced heroin through Mexico.



- According to National Seizure System (NSS) data, the amount of heroin seized each year at the Southwest Border increased 232 percent from 2008 (558.8 kilograms) to 2012 (1,855 kilograms). The increase in Southwest Border seizures appears to correspond with increasing levels of production of Mexican heroin and the expansion of Mexican heroin traffickers into new US markets.



Source: National Seizure System, January 15, 2013

² Four days after DEA's first Take-Back event in 2010, Congress passed the Secure and Responsible Drug Disposal Act of 2010, which amends the Controlled Substances Act to allow an "ultimate user" of controlled substance medications to dispose of them by delivering them to entities authorized by the Attorney General to accept them. The Act also allows the Attorney General to authorize long term care facilities to dispose of their residents' controlled substances in certain instances. DEA is in the process of finalizing regulations to implement the Act.

³ Historically, these pharmacies may not have played a significant role as primary suppliers of pain relievers, tranquilizers, stimulants, or sedatives.

⁴ VIPPS-accredited pharmacies have completed the NABP accreditation process, which includes a thorough review of all policies and procedures regarding the practice of pharmacy and dispensing of medicine over the Internet, as well as an onsite inspection of all facilities used by the site to receive, review, and dispense medications. Accredited Internet pharmacies display the VIPPS seal on their home pages.

Heroin-related overdoses and overdose deaths are increasing in certain areas, possibly due to a number of factors, such as high heroin purity, increasing numbers of heroin abusers initiating use at a younger age, and inexperienced abusers switching from prescription opioids to heroin.

- Heroin overdoses and overdose deaths in the Minneapolis, MN area have undergone an increase that is unprecedented for that area. The total number of heroin overdose deaths in the Minneapolis/St. Paul metro area nearly tripled from 2010 to 2011, increasing from 16 to 46 deaths.
- Heroin is the most commonly found illicit substance involved in alcohol and/or drug intoxication deaths in Philadelphia, PA. In 2011, 251 alcohol and/or drug intoxication deaths showed the presence of heroin/morphine, a significant increase from 138 in 2010. Heroin is also the most commonly found substance in mortality cases where illicit drugs are present. In 2011, in Philadelphia deaths where illicit drugs were present in the system, heroin/morphine was found in 32.4 percent of cases.

Possible reasons for these increases in overdose deaths include:

Availability of high-purity heroin

- Law enforcement officials in each of the affected areas reported an increase of high-purity heroin available at the street level.

People are switching from abusing prescription drugs to abusing heroin.

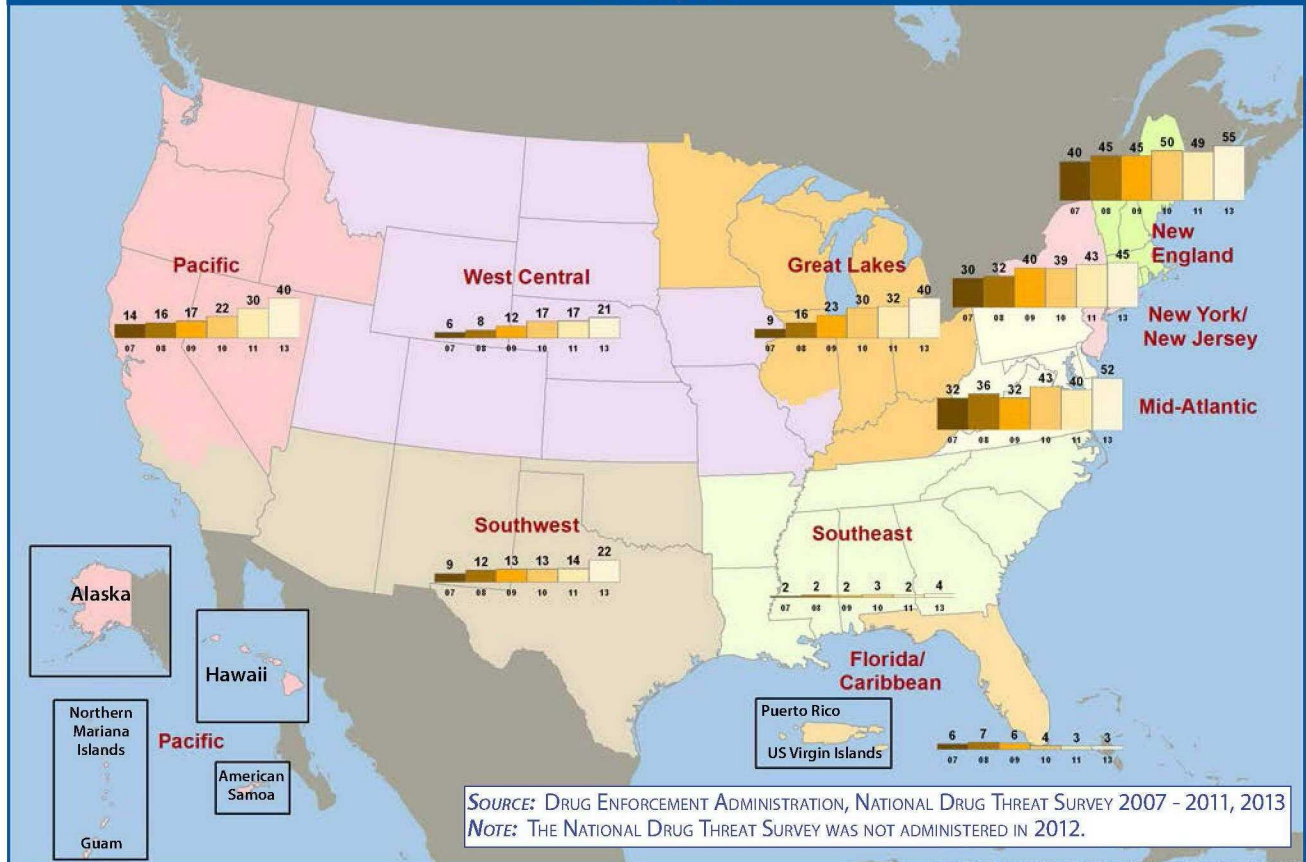
- Law enforcement and treatment officials throughout the country report that many heroin abusers began using the drug after having first abused prescription opioids. These abusers turned to heroin because it was cheaper and/ or more easily obtained than prescription drugs and because heroin provides a high similar to that of prescription opioids. According to treatment providers, many opioid addicts will use whichever drug is cheaper and/or available to them at the time. Several treatment providers report the majority of opioid addicts will eventually end up abusing heroin and will not switch back to another drug because heroin is highly addictive, relatively inexpensive, and more readily available. Those abusers who have recently switched to heroin are at higher risk for accidental overdose. Unlike with prescription drugs, heroin purity and dosage amounts vary, and heroin is often cut with other substances, all of which could cause inexperienced abusers to accidentally overdose.

More people are using heroin, and at a younger age.

- It is possible that increasing overdoses are the result of more people using heroin and using it at a younger age. According to national-level survey data, the number of new heroin users has recently been increasing. NSDUH reports the number of new heroin users increased from 142,000 in 2010 to 178,000 in 2011. Both numbers are a sizeable increase from the average annual estimates of 2002 to 2008 (ranging from 91,000 to 118,000).
- Moreover, these new heroin users are considerably younger. In 2011, the average age at first use among heroin abusers aged 12 to 49 was 22.1 years and in 2010 it was 21.4 years, significantly lower than the 2009 estimate of 25.5 years. In Minneapolis, for example, arrestees testing positive for opiates were much younger (19.8 percent were under 21 years of age) than those testing positive for cocaine and methamphetamine, according to the Arrestee Drug Abuse Monitoring

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PERCENTAGE OF NDTs RESPONDENTS REPORTING HIGH HEROIN AVAILABILITY IN THEIR JURISDICTIONS
2007-2011, 2013



(ADAM) II program.

Cocaine

The trend of lower cocaine availability in the United States that began in 2007 continued in 2012. Moreover, reporting from several metropolitan areas including Chicago, Houston, St. Louis, Phoenix, and Baltimore indicated sporadic interruptions in cocaine availability in the spring of 2012.



Seizures at the Southwest Border and price and purity data also indicate decreased availability of cocaine. Southwest Border cocaine seizures were markedly down the first quarter of 2012 as compared to 2011. This trend continued over the first half of 2012.

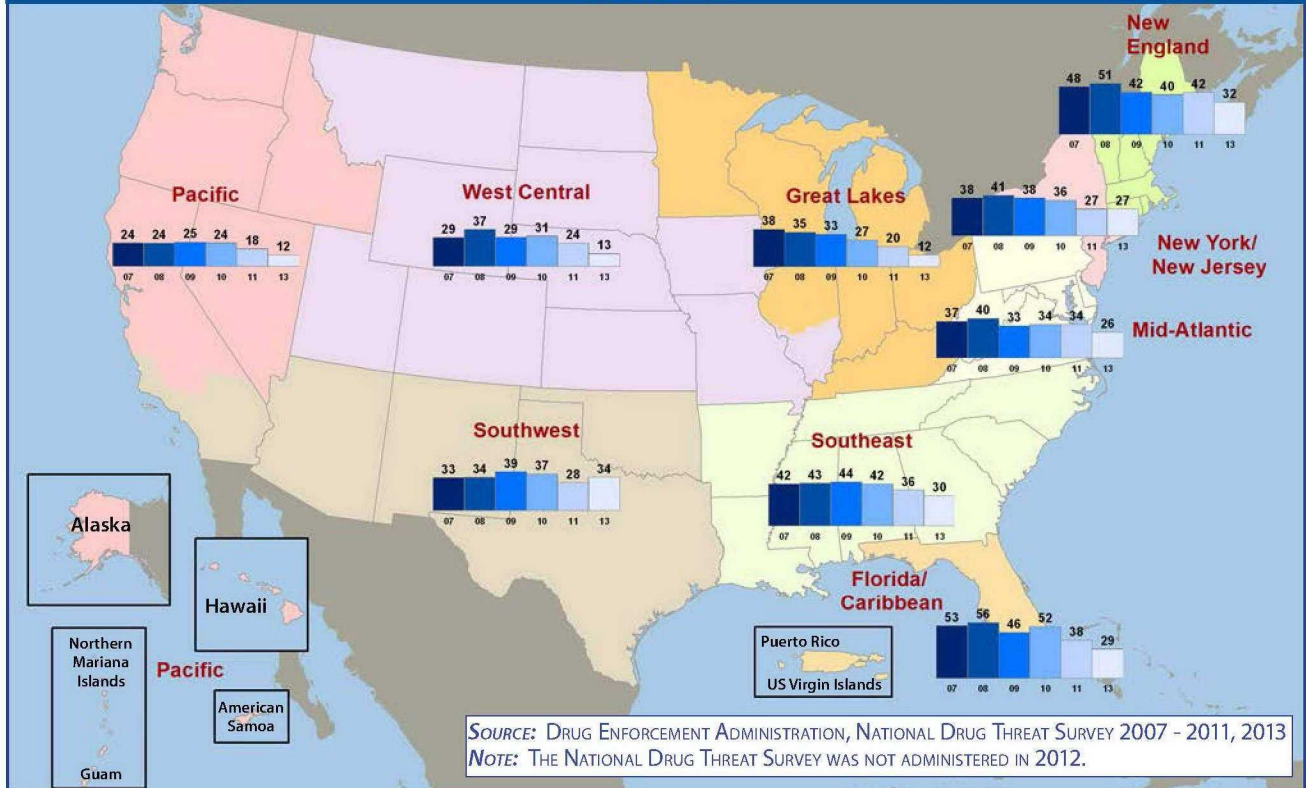
- According to NSS data, approximately 16,908 kilograms of cocaine were seized at the Southwest Border in 2011. During 2012, only 7,143 kilograms of cocaine were seized, a decrease of 58 percent.

The decline in cocaine availability occurring in various areas throughout some domestic drug markets appears to be the aggregate result of various factors.

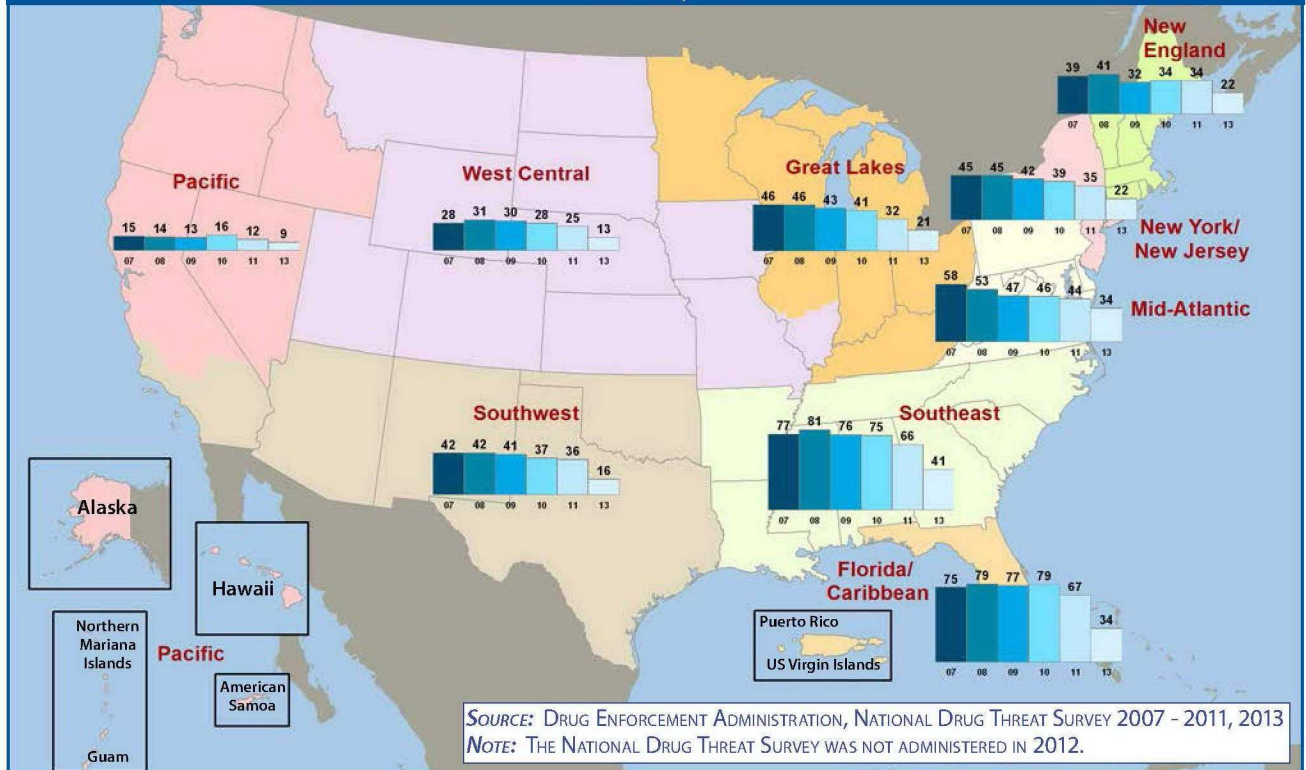
- Counterdrug efforts may be sufficiently disrupting Colombian traffickers' ability to increase cocaine transportation. Reporting indicates the combined effect of several large seizures and the arrests of several high-level traffickers makes TCOs reluctant to transport large shipments of cocaine.
- Conflict between and within TCOs in Mexico, the transit area for most of the cocaine entering the United States, is also a significant factor impacting cocaine flow to the United States. Clashes for control of lucrative smuggling routes have frequently led to increased violence between, and among, TCOs. These conflicts may also affect the amount of cocaine moved, as groups scale back their smuggling efforts until disputes abate.
- Cocaine production rates in Colombia—the source of most of the cocaine distributed in the United States—have declined in recent years. Available data on cultivation, yield, and trafficking indicate that cocaine production in Colombia declined in 2012 from the high levels seen in the period 2005 to 2007.

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PERCENTAGE OF NDTs RESPONDENTS REPORTING HIGH POWDER COCAINE AVAILABILITY IN THEIR JURISDICTIONS
2007-2011, 2013



PERCENTAGE OF NDTs RESPONDENTS REPORTING HIGH CRACK COCAINE AVAILABILITY IN THEIR JURISDICTIONS
2007-2011, 2013

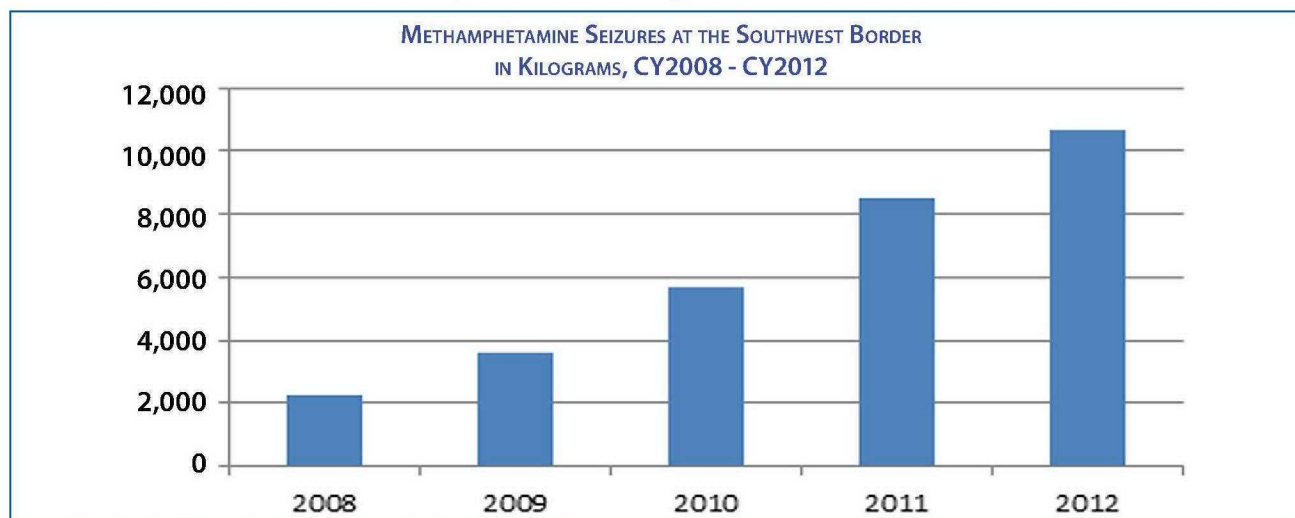


Methamphetamine

Availability indicators reflect that the supply of Mexican methamphetamine is increasing in the United States. Price and purity data and increased methamphetamine flow across the Southwest Border indicate rising domestic availability, most of which is the result of high levels of methamphetamine production in Mexico.



- Methamphetamine prices decreased more than 70 percent between the third quarter of 2007 and the second quarter of 2012; during that time methamphetamine purity increased almost 130 percent.
- Seizures of Mexican methamphetamine coming across the Southwest Border have increased

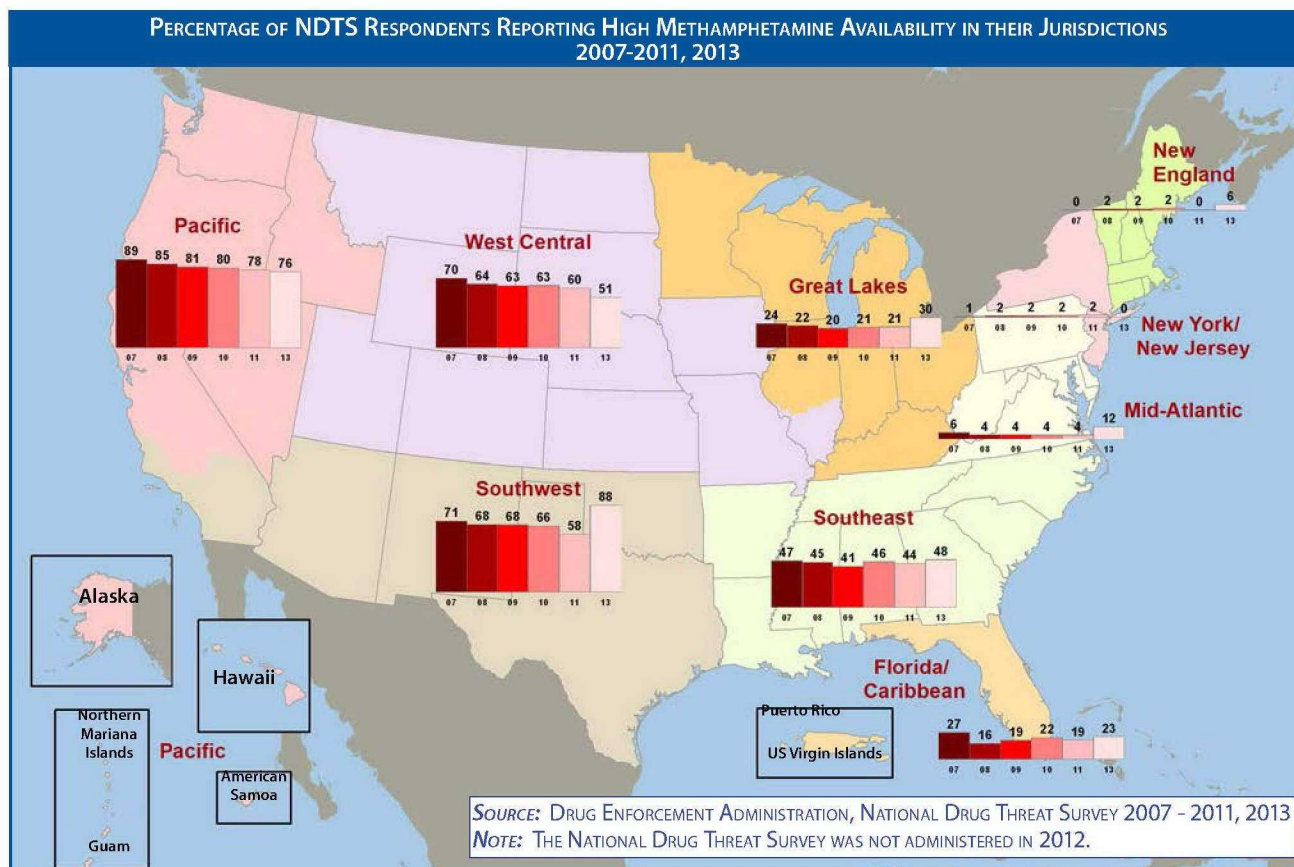


Source: National Seizure System, data as of January 8, 2013.

Seizures nearly fivefold between 2008 (2,282.6 kilograms) and 2012 (10,636.5 kilograms).

Abuse and demand data indicate that methamphetamine abuse is stable. The number of amphetamine-related treatment admissions is slowly but steadily declining. The number of new methamphetamine abusers ("past year initiates") fluctuated but remained statistically similar from 2008 to 2011. The number of current users increased from 2010 to 2011, but also remained statistically similar and did not exceed the number reported in 2009. Arrestee data in 2011 confirmed regional abuse patterns, with large percentages of arrestees in the western states testing positive for methamphetamine and much lower rates in eastern states where methamphetamine abuse is not as common.

- According to TEDS, the number of amphetamine-related treatment admissions declined each year over the past five years from 2006 (161,391) to 2010 (115,360).
- According to NSDUH data, the number of past year methamphetamine initiates ages 12 and older was 133,000 in 2011, a statistically similar number to that of 2010 (107,000). In 2009 the number of past year initiates was 155,000, up from 97,000 in 2008.
- The number of past month methamphetamine users increased from 353,000 in 2010 to 439,000 in 2011; however the overall percentage of past month users remained relatively unchanged at 0.1 percent and 0.2 percent, respectively.
- A large percentage of adult male arrestees tested positive for methamphetamine in Sacramento, CA (42.9 percent) and Portland, OR (22.9 percent). These percentages declined in sites further east. For example, in Denver, CO, 5.9 percent of the arrestees tested positive for methamphetamine compared with 0.4 percent in Washington, DC and 0.1 percent in New York City.

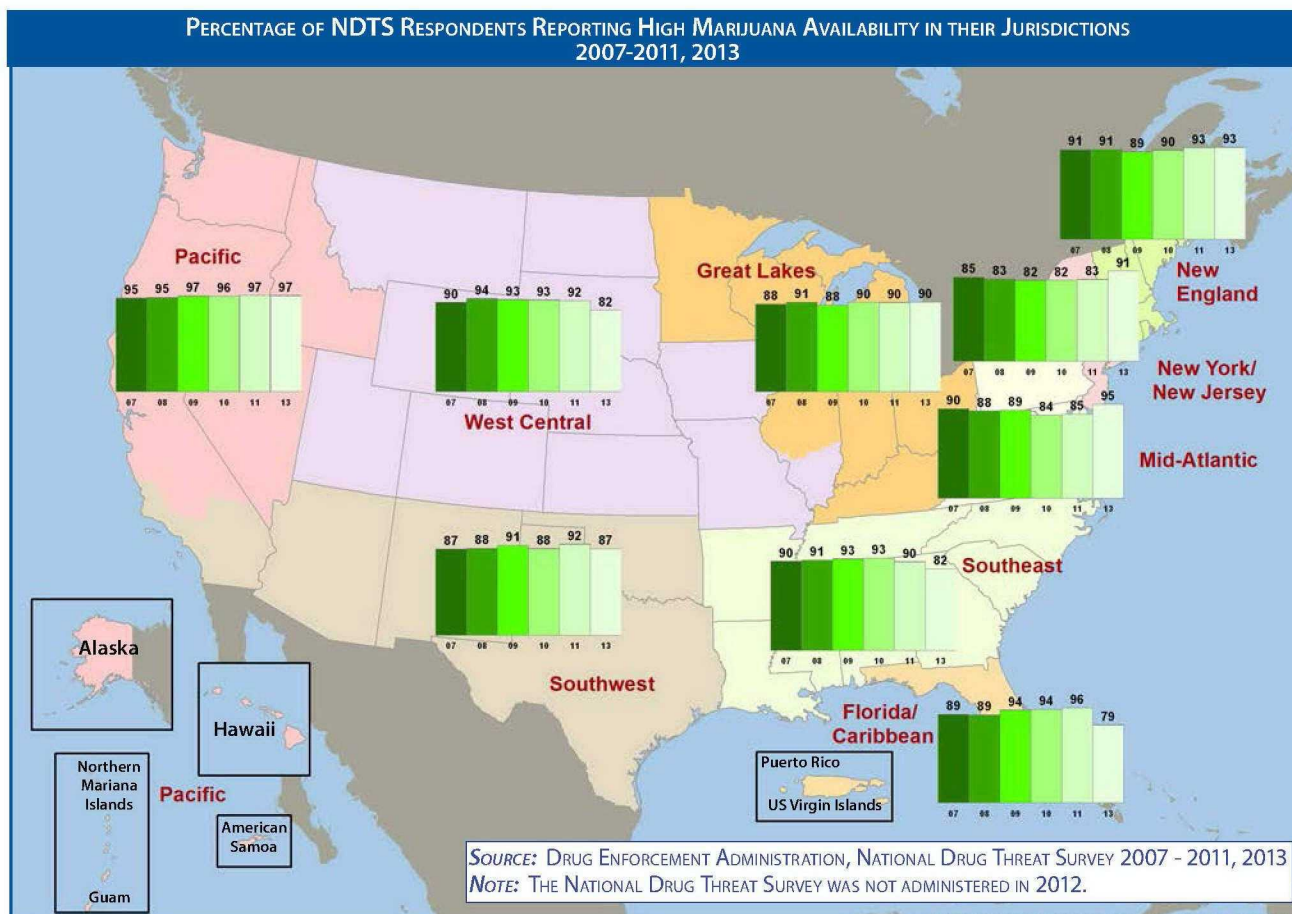


Marijuana

Marijuana is the most widely available and commonly abused illicit drug in the United States. According to the 2013 NDTs, 88.2 percent of responding agencies reported that marijuana availability was high in their jurisdictions. Marijuana smuggling into the United States has occurred at consistently high levels over the past 10 years, primarily across the US–Mexico border, where more than a million kilograms of marijuana are seized annually. Smaller quantities of high-potency marijuana also continue to transit the Northern Border through and between ports of entry. An increase in domestic cannabis cultivation in recent years is evidenced by record levels of eradication, the emergence of grow operations in previously uncultivated areas, and a considerable increase in large-scale cultivation by TCOs and criminal groups, particularly involving Mexican traffickers.

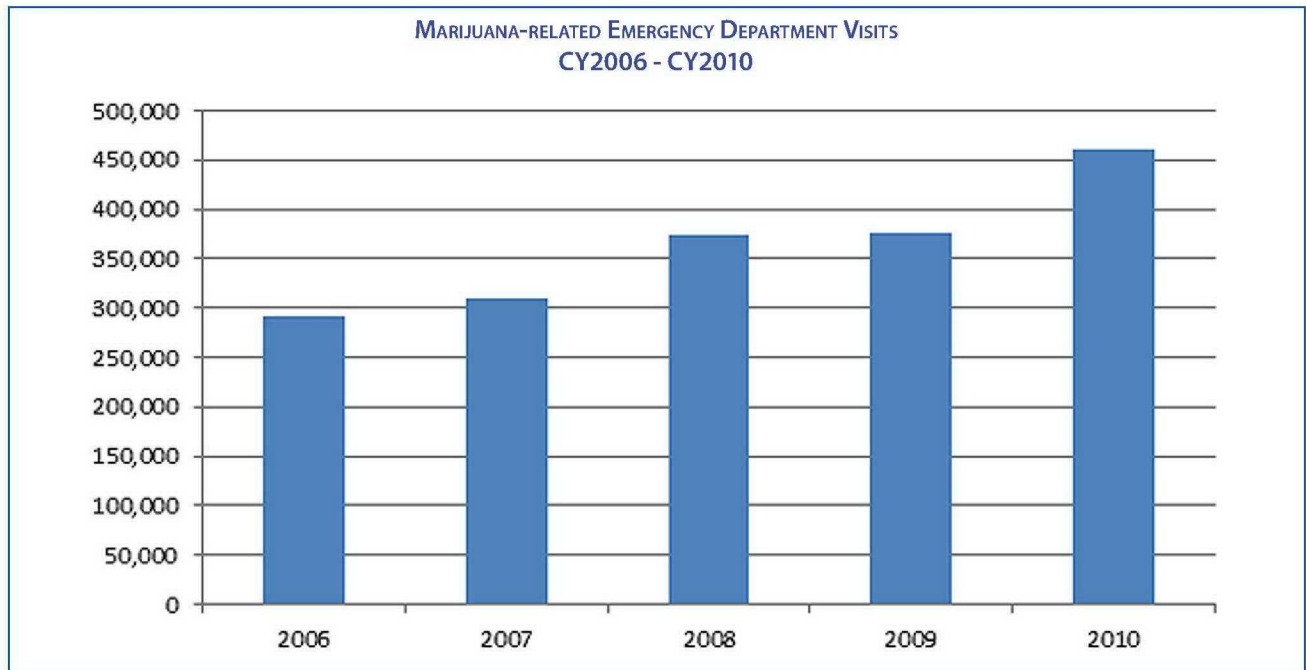


High levels of marijuana availability are matched by high levels of domestic demand. According to national-level data, in 2011 more individuals reported having used marijuana in the past year than reported using all other drugs combined. Use of the drug will likely continue to increase over the next decade; recent national-level studies indicate that use is most prevalent among young adults, with adolescent acceptance and illicit use increasing.

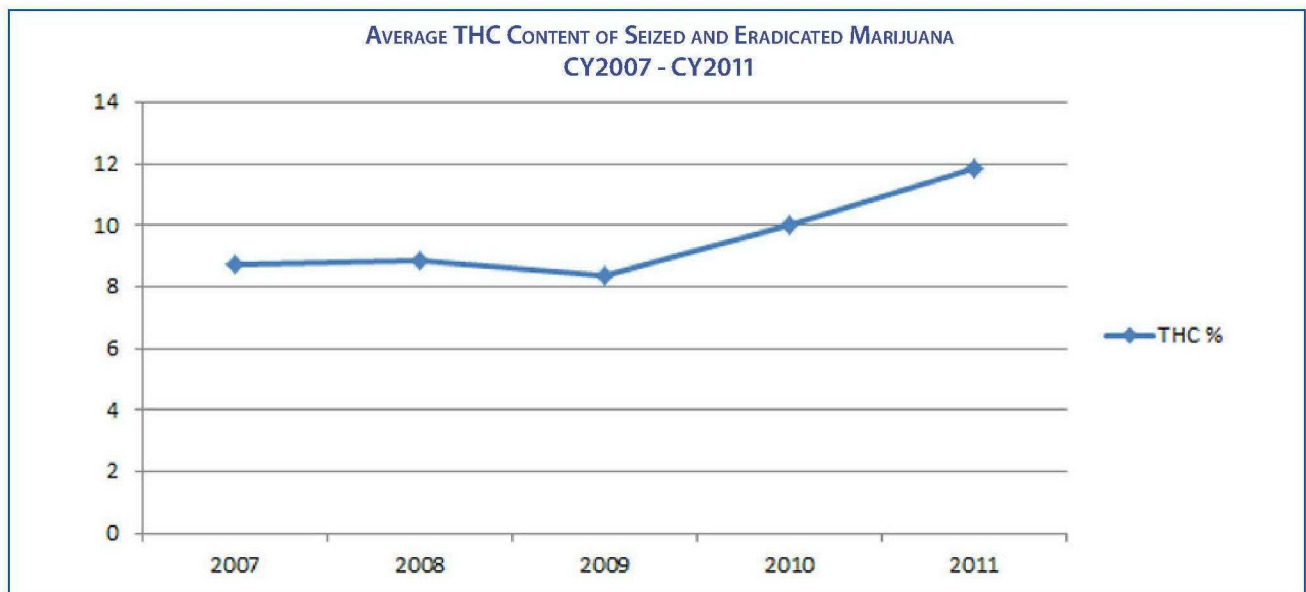


- According to NSDUH survey data, the number of people reporting current (past month) marijuana use increased 21 percent from 2007 to 2011. In each of those years, the number of people reporting marijuana abuse was greater than for all other drugs combined.
- DAWN data show there was a 59 percent increase in marijuana-related emergency department visits between 2006 (290,565) and 2010 (461,028). Marijuana was second only to cocaine for illicit drug-related emergency department visits in 2010.
- According to Monitoring the Future (MTF) data, between 2008 and 2012 there was a steady decline in the percentage of 8th, 10th, and 12th graders who view trying marijuana once or twice, smoking marijuana occasionally, or smoking marijuana regularly as high-risk behavior. The most pronounced decline in viewing marijuana use as risky behavior occurred among 10th graders.
- Marijuana-related treatment admissions increased 14 percent between 2006 (310,155) and 2010 (353,271), according to TEDS data.

In 2012, marijuana availability appeared to be increasing throughout the United States, most likely because of increased domestic cannabis cultivation and sustained high levels of production in Mexico. Additionally, marijuana potency is increasing. According to the Potency Monitoring Project, the average percentage of tetrahydrocannabinol (THC), the constituent that gives marijuana its potency, increased 37 percent from 2007 (8.7 percent) to 2011 (11.9 percent).



Source: Drug Abuse Warning Network



Source: University of Mississippi, Potency Monitoring Project

Synthetic Designer Drugs

The abuse of synthetic designer drugs—and the increasing availability of these drugs—has emerged as a serious problem in the United States over the past few years. There are seven classes of synthetic designer drugs: cannabinoids, phenethylamines, phencyclidines or arylcyclohexamines, tryptamines, piperazines, pipradrols or N-Ring systems, and tropane alkaloids. Synthetic cannabinoids give the abuser an effect similar to marijuana, while the other six classes give the abuser effects similar to stimulants and/or hallucinogens. Synthetic cannabinoids are the most commonly abused



| SYNTHETIC DRUG CLASSIFICATIONS | | |
|--------------------------------------|------------------------------|----------------------------------|
| SYNTHETIC DRUG CLASS | MIMICS THE EFFECTS OF | EXAMPLES |
| CANNABINOIDS | MARIJUANA | K2, SPICE, HERBAL INCENSE |
| PHENETHYLAMINES | STIMULANTS AND HALLUCINOGENS | BATH SALTS, 2-C SERIES COMPOUNDS |
| PHENCYCLIDINES OR ARYLCYCLOHEXAMINES | PCP | |
| TRYPTAMINES | HALLUCINOGENS | |
| PIPERAZINES | BZP | |
| PIPRADROLS OR N-RING SYSTEMS | STIMULANTS | N-BOMB |
| TROPANE ALKALOIDS | COCAINE | |

Source: Drug Enforcement Administration, Office of Diversion Control

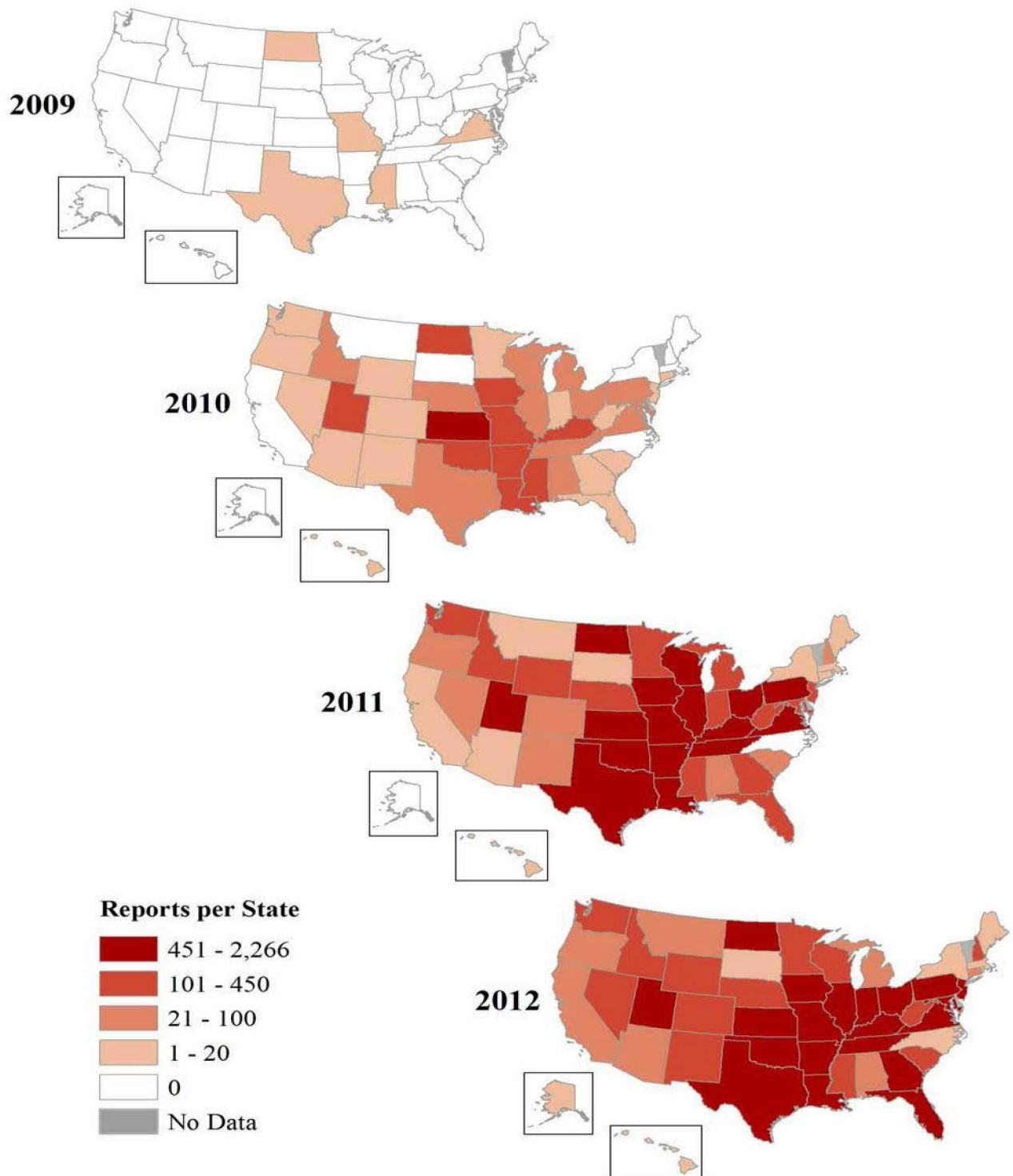
synthetic designer drug and are a fast growing threat. Synthetic cannabinoid products—initially marketed as “legal alternatives to marijuana”—emerged in the US drug market in 2008. These drugs are commonly known by a variety of names, such as “K2” and “Spice.”

- The number and the type of synthetic cannabinoids have increased exponentially since 2008 as evidenced by the number of reports submitted to the National Forensic Laboratory Information System (NFLIS). According to the NFLIS, there were 29,467 synthetic cannabinoid drug reports in 2012, an increase of 1,402 percent from 2009 (21).
- There were 5,200 calls to poison control centers about exposures to synthetic cannabinoids in 2012. This number is lower than the number of calls reported in 2011 (6,968); but, still significantly higher than those reported in 2010 (2,906).

Availability of synthetic designer drugs known as “bath salts” rapidly increased between 2010 and 2012, causing severe consequences to abusers. Synthetic cathinones—marketed as “legal alternatives to cocaine or Ecstasy (MDMA);”—emerged in the US designer drug market during 2009. Head shops and other retail establishments often sell these products labeled as “bath salts.” Such products have caused users throughout the country to experience severe adverse health effects and violent behavior.

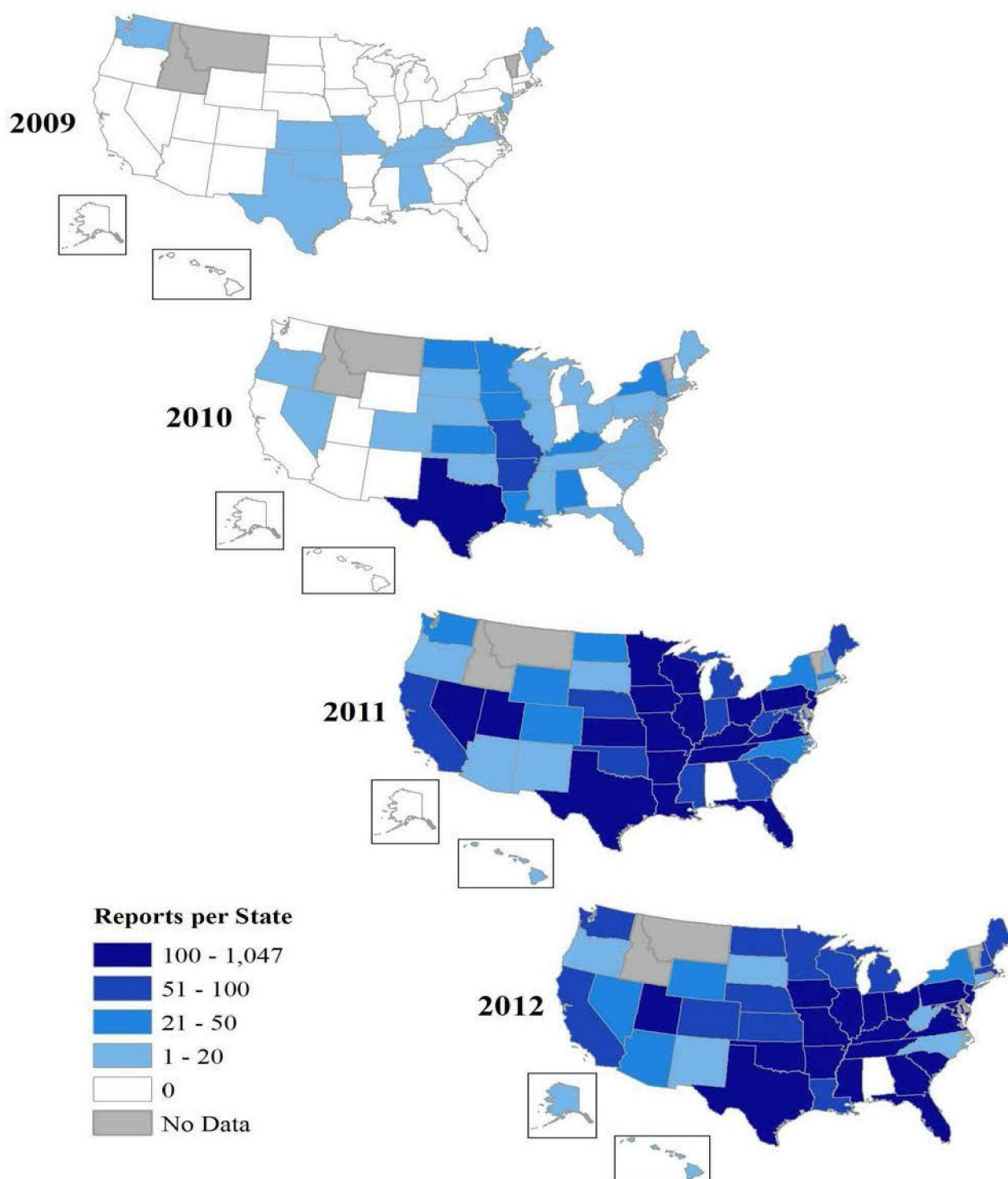
- The number of calls to US poison control centers related to synthetic cathinones increased substantially from 2010 (304) to 2011 (6,136), but has since declined (2,654). However, the number of reports submitted to NFLIS has increased continually since 2009. In 2009 there were only 26 NFLIS reports involving synthetic cathinones; that number skyrocketed to 9,189 (a 352.4 percent increase) in 2012.

SYNTHETIC CANNABINOID REPORTS, BY STATE, 2009 - 2012



SOURCE: NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM (NFLIS)

SYNTHETIC CATHINONE REPORTS, BY STATE, 2009 - 2012



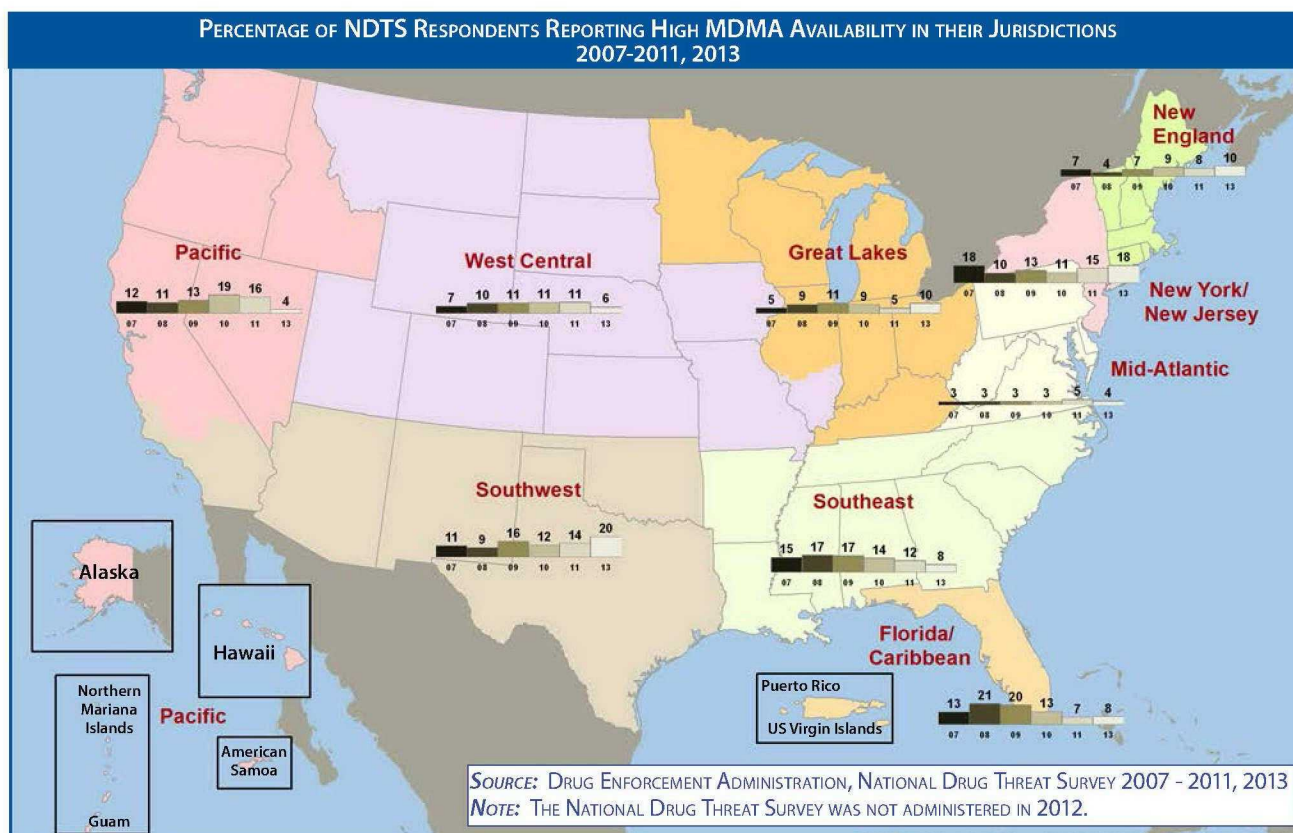
SOURCE: NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM (NFLIS)

MDMA (3,4-methylenedioxymethamphetamine)

MDMA (Ecstasy) is available in markets throughout the United States; however, survey, seizure and treatment data suggest availability and abuse of the drug may have peaked.



- According to the 2013 NDTs, only 10 percent of law enforcement agencies surveyed reported high levels of availability of MDMA in their area.
- According to NSS, law enforcement officers seized 173,749 dosage units of MDMA and 390 kilograms of the drug in 2012—significantly less than the approximately 1.9 million dosage units and 675 kilograms seized in 2011.
- According to NSDUH, the number of past year MDMA initiates declined from 1,118,000 in 2009 to 949,000 in 2010 and again to 922,000 in 2011.
- Both MTF and NSDUH data show that past year use among youths has declined from 2010. MTF data show that past year use declined to 3.1 percent in 2011—down from 3.6 percent in 2010. Likewise, NSDUH data show a decline from 1.9 percent in 2010 to 1.7 percent in 2011.



Outlook

The implementation of legislation to curb the diversion of CPDs through pill mills will likely force abusers and distributors to obtain CPDs in other areas of the country where little or no legislation currently exists, thereby exacerbating the CPD threat in those areas, or in other countries such as Canada and Mexico. Additionally, the proliferation of online pharmacies that dispense CPDs without prescriptions will continue to be a concern for law enforcement.

The US wholesale heroin market will remain in flux for the near term as Mexican traffickers attempt to expand control over certain markets and gain entry to others. It is likely that Mexican traffickers will continue to expand into lucrative white heroin markets by increasing their own access to white heroin and, to a lesser extent, attempting to introduce Mexican brown and black tar heroin into eastern US heroin markets.

Trends in Colombian cocaine production will continue to affect US cocaine availability in the near term. Colombia is well-established as the primary source for cocaine distribution in the United States. Further, law enforcement efforts in source and transit countries as well as the United States combined with a decrease in domestic demand will contribute to reduced availability, a situation which is unlikely to change in the immediate future.

Methamphetamine will remain highly pure as the gap between potency and purity continues to narrow; prices will remain low. With the inflow of high-quality Mexico-produced methamphetamine, large-scale domestic production will continue to diminish; however, it will not disappear.

TCOs and criminal groups will increasingly exploit the opportunities for marijuana cultivation and trafficking created in states that allow "medical marijuana" grows and have legalized marijuana sales and possession. Marijuana abuse levels will increase over the next decade, particularly if its use continues to be increasingly accepted by adolescents.

The threat posed by synthetic cannabinoids and synthetic cathinones will most likely continue to increase. The chemical make-up of these drugs often differs by only one compound. As DEA exercises its scheduling authority to control certain substances, producers will quickly change the chemical component of the newly banned substance to create a new one.

